

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Chevron-MS | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address 401 Hwy 40 | | Amount 39.89 | |
| City McHenry | State MS | Zip Code 39561 | Transaction ID : SE.35629 |
| Purpose of Expenditure IE-McDaniel-Travel | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought 150268.32 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Corner Bakery-UT | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address SLC Airport | | Amount 12.81 | |
| City Salt Lake City | State UT | Zip Code 84122 | Transaction ID : SE.35630 |
| Purpose of Expenditure IE-McDaniel-Travel | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought 150281.13 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 52.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker
[Electronically Filed]

Date

 MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

| | | | |
|----------------------|---|----|---|
| PAGE | 2 | OF | 8 |
| FOR SE OF FORM 24/48 | | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|--|---------------------------|
| Full Name of Payee Delta Airlines | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address PO Box 20706 | | Amount 972.02 | |
| City Atlanta | State GA | Zip Code 30320 | Transaction ID : SE.35602 |
| Purpose of Expenditure IE-McDaniel-Travel | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MS | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------|--|---------------------------|
| Full Name of Payee Mary Ensor | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address 310 Hamlet Rd. | | Amount 500.00 | |
| City Summerville | State SC | Zip Code 29485 | Transaction ID : SE.35606 |
| Purpose of Expenditure IE-McDaniel-Travel Stipend | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MS | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1472.02 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 8
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|--------------------|--|---|--|--|
| Full Name of Payee Freedomworks, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014 | | |
| Mailing Address 400 N Capitol St., NW Suite 735 | | | Amount 691.49 | | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : SE.35600 | | |
| Purpose of Expenditure IE-McDaniel-Travel | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 19 / 2014 | | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought 144832.40 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | | | | |
|--|--------------------|--|---|--|--|
| Full Name of Payee Freedomworks, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014 | | |
| Mailing Address 400 N Capitol St., NW Suite 735 | | | Amount 275.67 | | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : SE.35604 | | |
| Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 19 / 2014 | | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought 145108.07 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 967.16 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 4 OF 8
 FOR SE OF FORM 24/48

| | |
|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00499020 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|--|--|---|---|--|
| Full Name of Payee Freedomworks, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 20 / 2014</div> </div> | | |
| Mailing Address 400 N Capitol St., NW Suite 735 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2055.85</div> | | |
| City Washington State DC Zip Code 20001 | Purpose of Expenditure IE-McDaniel-Travel | | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div> | Transaction ID : SE.35601 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 20 / 2014</div> </div> | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | | | | |
|--|---|--|---|---|--|
| Full Name of Payee Freedomworks, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 20 / 2014</div> </div> | | |
| Mailing Address 400 N Capitol St., NW Suite 735 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">489.61</div> | | |
| City Washington State DC Zip Code 20001 | Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing | | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Transaction ID : SE.35605 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 20 / 2014</div> </div> | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2545.46</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker
[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

| | | | |
|----------------------|---|----|---|
| PAGE | 5 | OF | 8 |
| FOR SE OF FORM 24/48 | | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|----------------------------------|
| Full Name of Payee Kathy Hartkopf | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address 2405 Uphill Ct. | | Amount 500.00 | |
| City Hillsboro | State NC | Zip Code 27278 | Transaction ID : SE.35607 |
| Purpose of Expenditure IE-McDaniel-Travel Stipend | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 150145.48 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------------|---|----------------------------------|
| Full Name of Payee Holiday Inn-MS | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address 10 Gateway Dr. | | Amount 519.93 | |
| City Hattiesburg | State MS | Zip Code 39402 | Transaction ID : SE.35603 |
| Purpose of Expenditure IE-McDaniel-Travel | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 148655.87 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1019.93 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker
[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 8
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|----------------------------------|
| Full Name of Payee Hudson News | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address Reagan National Airport | | Amount 4.57 | |
| City Arlington | State VA | Zip Code 22202 | Transaction ID : SE.35626 |
| Purpose of Expenditure IE-McDaniel-Travel | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 150175.05 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------------|--|----------------------------------|
| Full Name of Payee Market Street Grill-UT | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address SLC Airport | | Amount 16.76 | |
| City Salt Lake City | State UT | Zip Code 84122 | Transaction ID : SE.35631 |
| Purpose of Expenditure IE-McDaniel-Travel | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 150297.89 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 21.33 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 8
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|------------------------------|--|--|--|
| Full Name of Payee Josh Pearson | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | | |
| Mailing Address 400 N Capitol St., SW Ste. 765 | | | Amount 25.00 | | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : SE.35608 | | |
| Purpose of Expenditure IE-McDaniel-Travel | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought 150170.48 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | | | | |
|---|-------------|------------------------------|--|--|--|
| Full Name of Payee TGI Fridays | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | | |
| Mailing Address Atlanta Airport | | | Amount 33.38 | | |
| City Atlanta | State GA | Zip Code 30302 | Transaction ID : SE.35627 | | |
| Purpose of Expenditure IE-McDaniel-Travel | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS | | |
| Calendar Year-To-Date Per Election for Office Sought 150208.43 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 58.38 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

| |
|----------------------|
| PAGE 8 OF 8 |
| FOR SE OF FORM 24/48 |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA | | FEC IDENTIFICATION NUMBER ▼ C C00499020 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|----------------------------------|
| Full Name of Payee Tidewater Landing | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014 | |
| Mailing Address 1 Aviation Circle | | Amount 20.00 | |
| City Arlington | State VA | Zip Code 22202 | Transaction ID : SE.35628 |
| Purpose of Expenditure IE-McDaniel-Travel | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014 | |
| Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MS | |
| Calendar Year-To-Date Per Election for Office Sought 150228.43 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|---------------|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | Category/Type | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 6156.98 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker
[Electronically Filed]

Date

MM / DD / YYYY
06 / 21 / 2014

Signature